

State Opioid and Overdose Response Plan

...and other little tidbits.

2021–2022

Opioid and Overdose Response Plan



State Opioid and Overdose Response Plan

- ▶ <https://www.hca.wa.gov/about-hca/behavioral-health-recovery/state-opioid-and-overdose-response-soor-plan>
- ▶ Next deadline for revisions is June 1st. Revisions will occur every three months thereafter.
- ▶ State Opioid Response (SOR) - <https://www.hca.wa.gov/about-hca/behavioral-health-recovery/state-opioid-response-sor-grant>
- ▶ Kris Shera, State Opioid Coordinator
 - ▶ 360-688-3329
 - ▶ kristopher.shera@hca.wa.gov

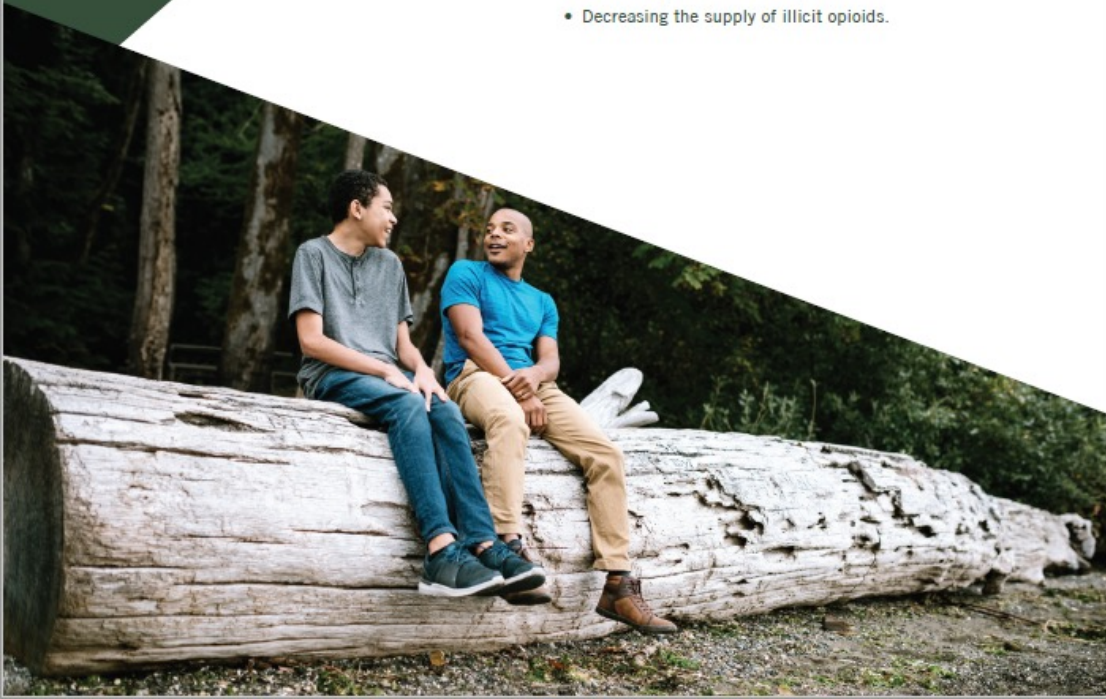
GOAL 1

PREVENT OPIOID MISUSE

The Goal 1 Workgroup currently works in partnership to coordinate prevention efforts – including representatives from Health Care Authority, Department of Health, Labor & Industries, Office of the Attorney General, Office of the Superintendent of Public Instruction, Washington Medical Commission, University of Washington, Washington State University, tribes, tribal organizations, and others.

Strategies include:

- Engaging local communities to provide community-based prevention efforts,
- Promoting use of responsible prescribing practices,
- Use of prescription monitoring,
- Public education and awareness,
- Safe storage of medications, and
- Decreasing the supply of illicit opioids.



Co-Leads:

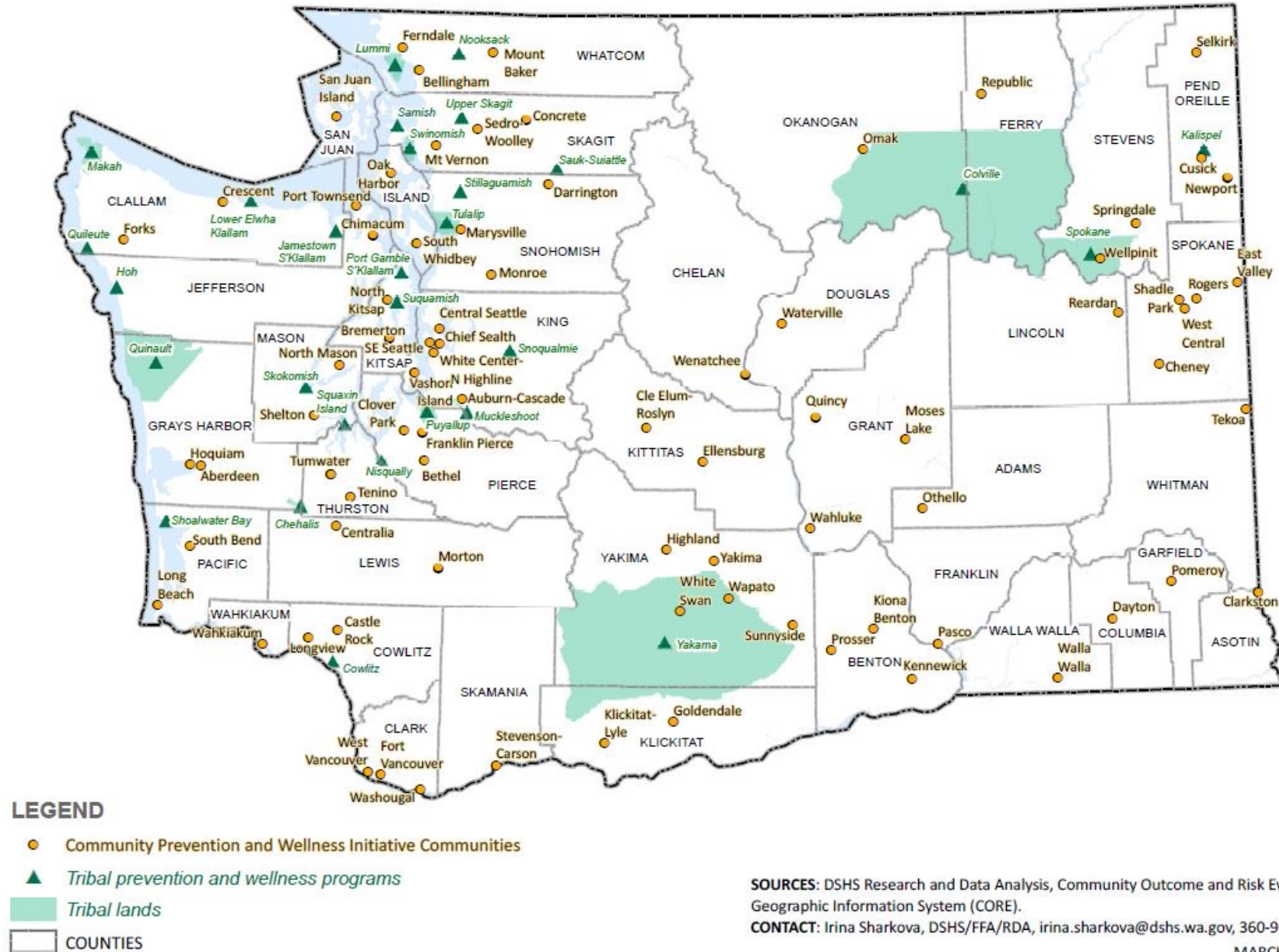
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- The Athena Forum – DBHR resource for prevention professionals
- Safe Medication Return Program
- Starts with One Campaign
- Tribal Opioid Solutions
- Labor and Industry (LNI) – Opioid Prescription guidelines and reports – treating pain in injured workers
- Prevention Fellows Program

Prevention services are focused in communities and Tribes throughout Washington



GOAL 2

IDENTIFY AND TREAT SUBSTANCE USE DISORDER

Detecting and treating substance use disorders remains a principal goal of state planning activities.

The primary activities of this goal are:

- Building capacity of treatment providers and Indian health care providers,
- Bringing access to treatment services where they don't exist or lack resources, including access to low barrier MOUD,
- Improve systems of care for pregnant and parenting women (PPW) and their children, and
- Improving treatment and recovery services for those involved in the criminal legal system.

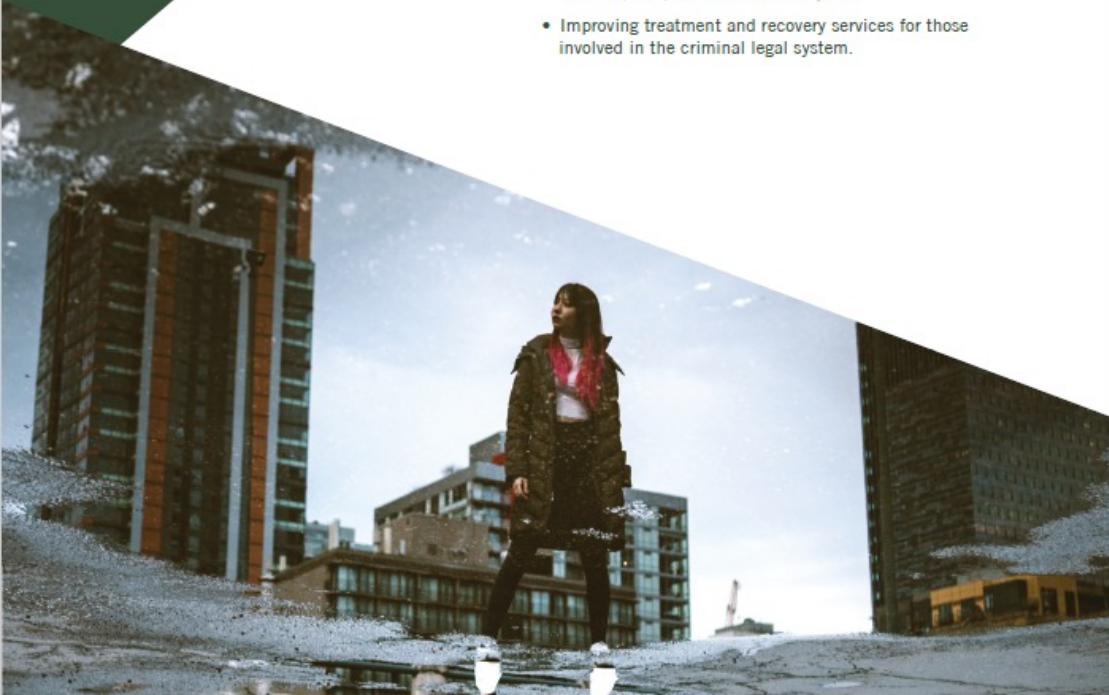
Co – Leads –

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- Increasing access to medications
<https://www.hca.wa.gov/about-hca/medicaid-transformation-project-mtp/data-dashboards>
- CMS guidance for State Plan Amendment for MOUD – aka MAT
- Opioid Treatment Programs - Increasing the number of OTPs
- Increasing concern about stimulants – use of contingency management is increasing in interest
- Standard changes for treatment goals, not always abstinence based; all SUDs are not the same and treatment is different for each
- Roadmap to Recovery – Recovery Readiness Asset Tool and WA Addiction Recovery Medical Home (ARMH) Alternative Payment Model (APM)



GOAL 3

ENSURE AND IMPROVE THE HEALTH AND WELLNESS OF INDIVIDUALS THAT USE DRUGS

This workgroup had broadened its focus beyond preventing deaths from overdose to include other health effects related to drug use.

State planning in this area generally focuses on:

- Naloxone distribution,
- Support for syringe services programs,
- Infectious disease prevention and treatment, and
- Drug user health effects.

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- Overdose Education and Naloxone Distribution
- Syringe Service Programs
- Stopoverdose.org



GOAL 4

USE DATA AND SURVEILLANCE TO DETECT DRUG USE TRENDS, MONITOR THE HEALTH AND WELLNESS OF INDIVIDUALS WHO USE DRUGS, AND EVALUATE INTERVENTIONS

Without data related to state opioid and overdose response plan activities it would be difficult, if not impossible, to evaluate the effectiveness of the plan activities. Collecting data is good, but being able to do something with it is better.

The purpose of the Goal 4 Workgroup is to:

- Gather data and information from Health Information Technology/Health Information Exchange (HIT/HIE) assets,
- Examine and analyze data to improve the state's opioid response,
- Identify new metrics that can be used to evaluate plan activities, and
- Assess health disparities through data collection and analyzing data that include information on data by race/ethnicity, gender, age, LGTBQIA+ status as available.

Co Leads

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- Prescription Monitoring Program
- Analytics, Research, and Measurement (HCA) Data Dashboards
- Overdose Data to Action (OD2A)
 - PWID dashboard support



Confirmed WA State Overdose Deaths

Drug Type	2021*	2020*	2019	2018	2017
Any Drug	94	1538	1259	1181	1163
Any Opioid	54	1062	827	744	739
Heroin	18	347	347	329	306
Synthetic opioids	30	602	337	224	142
Psychostimulants	47	628	540	473	390
Cocaine	12	174	132	129	111

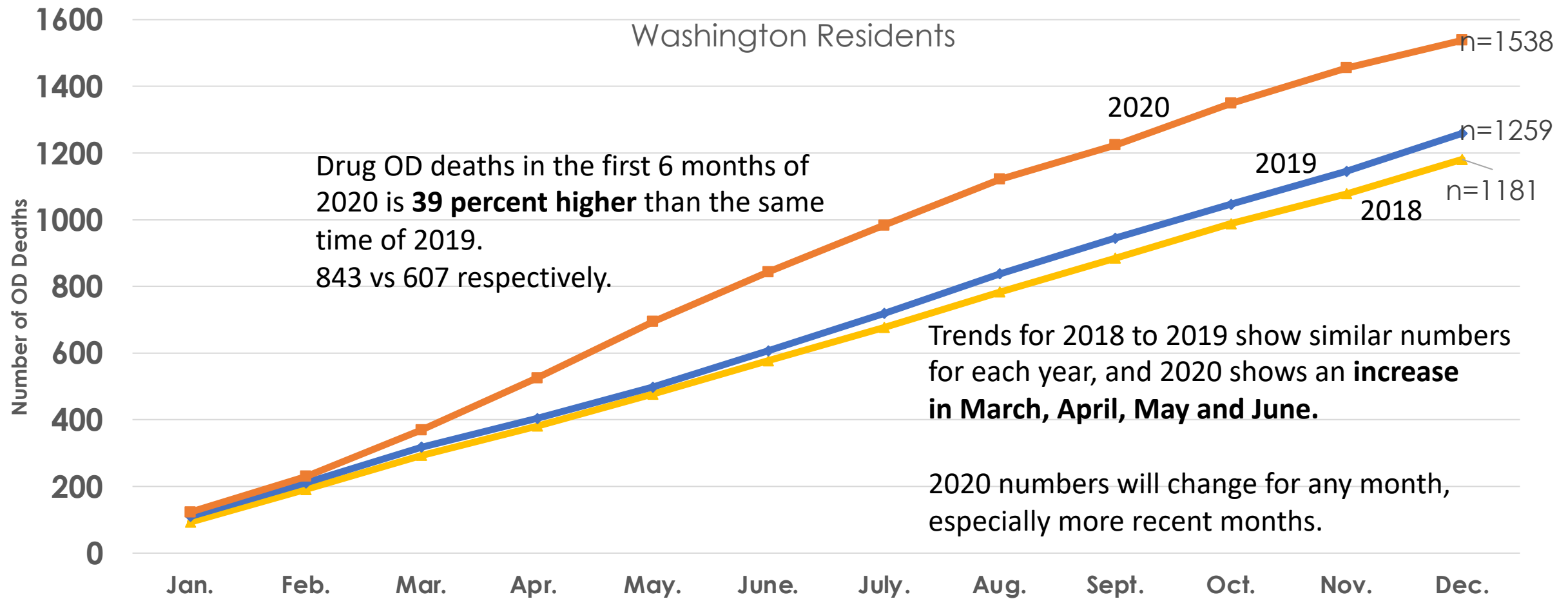
2020 OD deaths
already higher
than the number
for 2019

*2020 data are preliminary and will change.

Data is as of 15Mar2021.

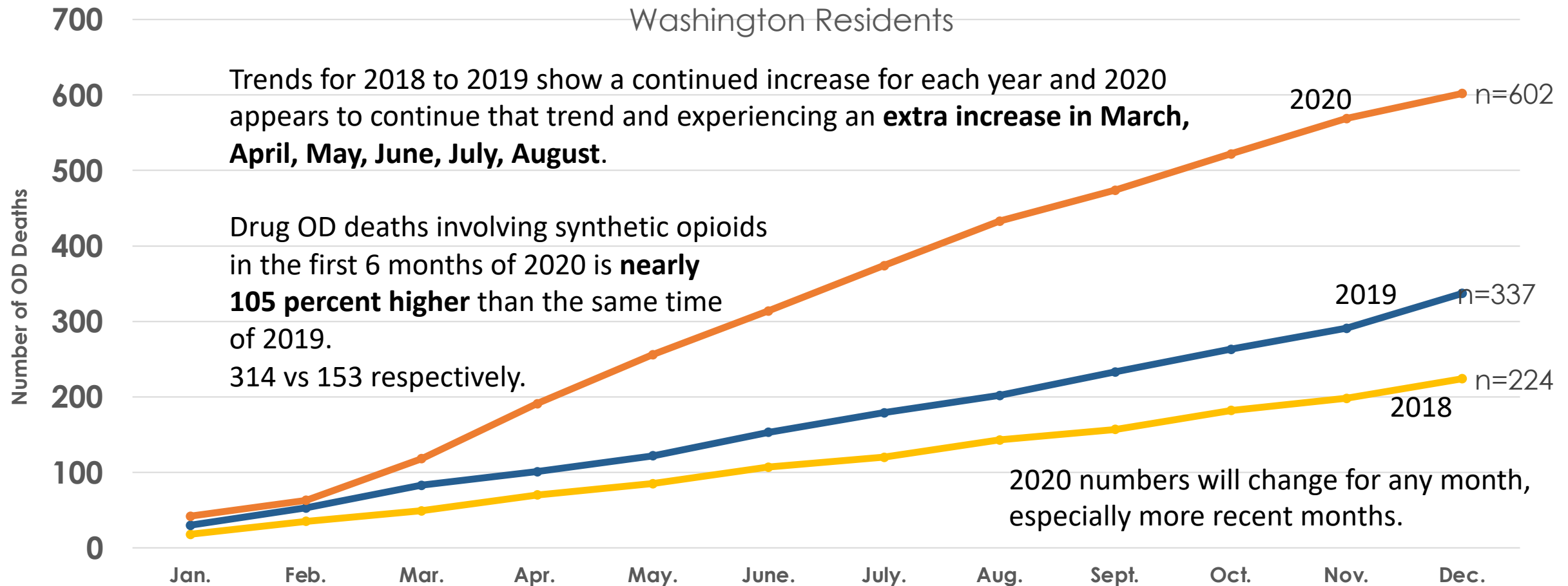
Source: DOH Death certificates

Annual cumulative overall drug overdose deaths by month (2018-2020*)



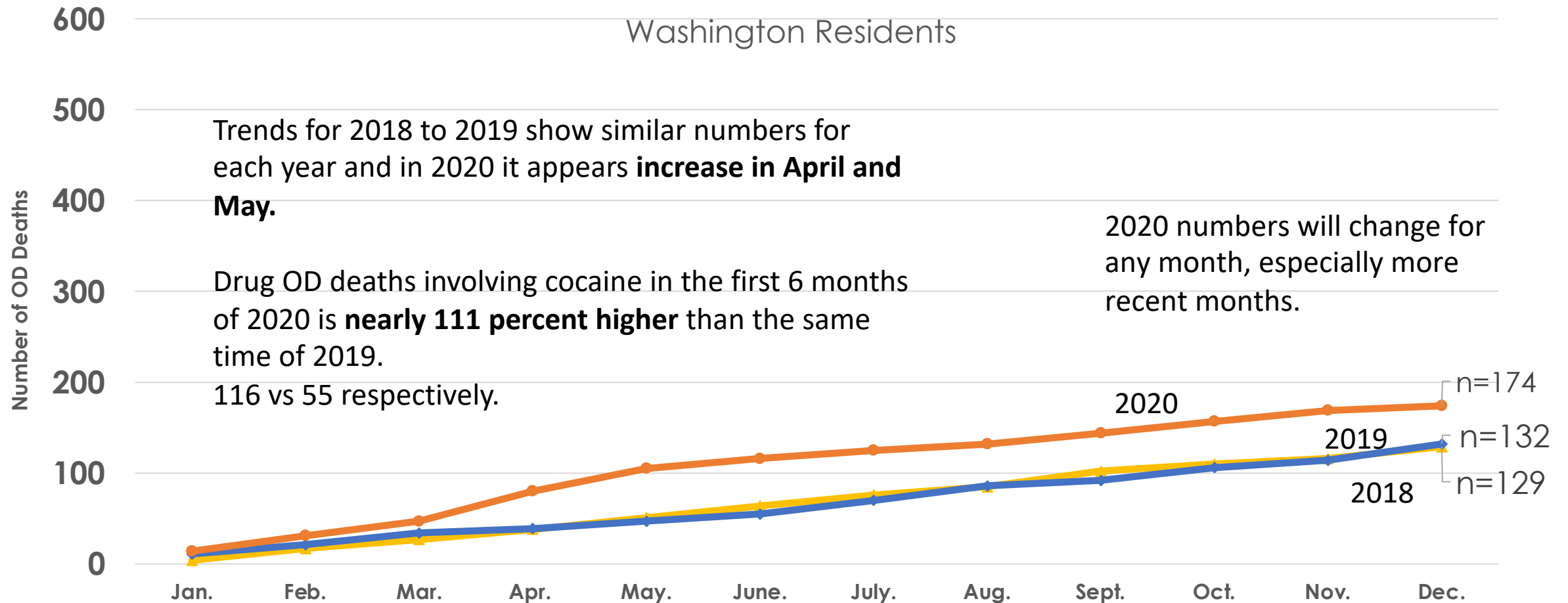
- 2020 data are preliminary and will change.
- Data run: 15Mar2021

Annual cumulative drug overdose deaths involving non-methadone synthetic opioids by month (2018-2020*)



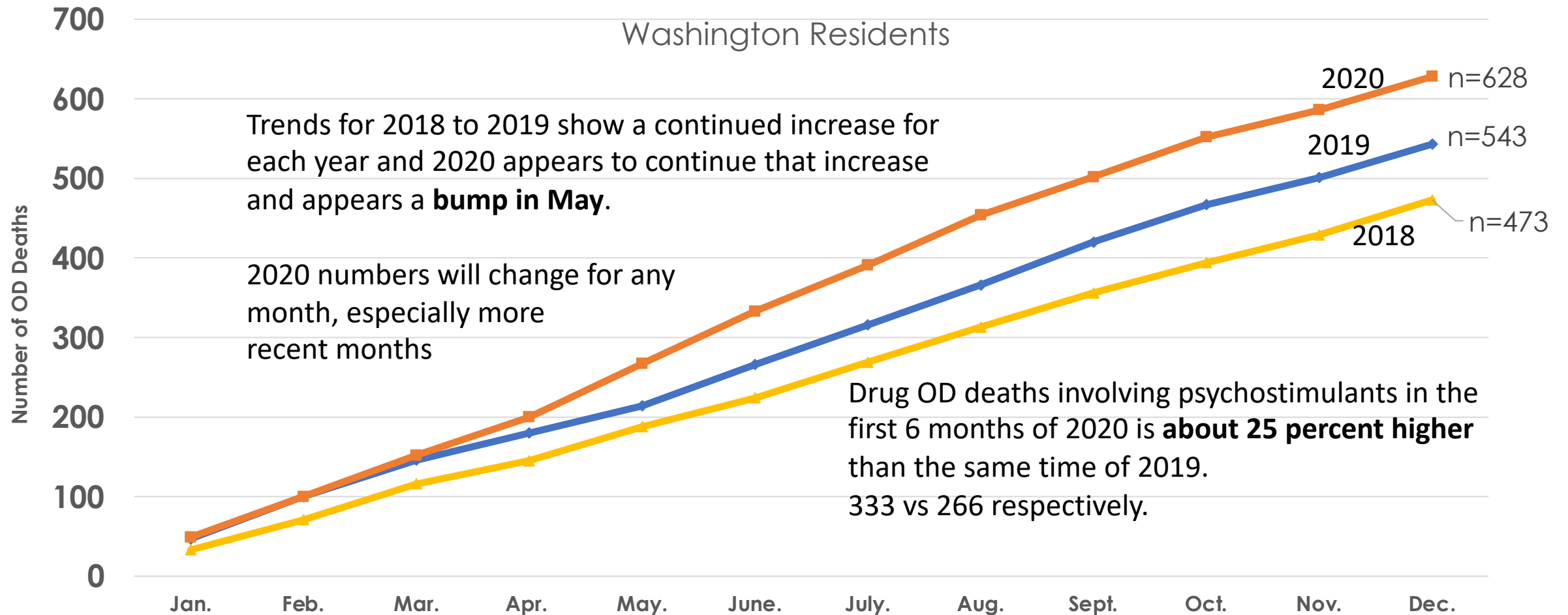
- 2020 data are preliminary and will change.
- Data run: 15Mar2021

Annual cumulative drug overdose deaths involving cocaine by month (2018-2020*)



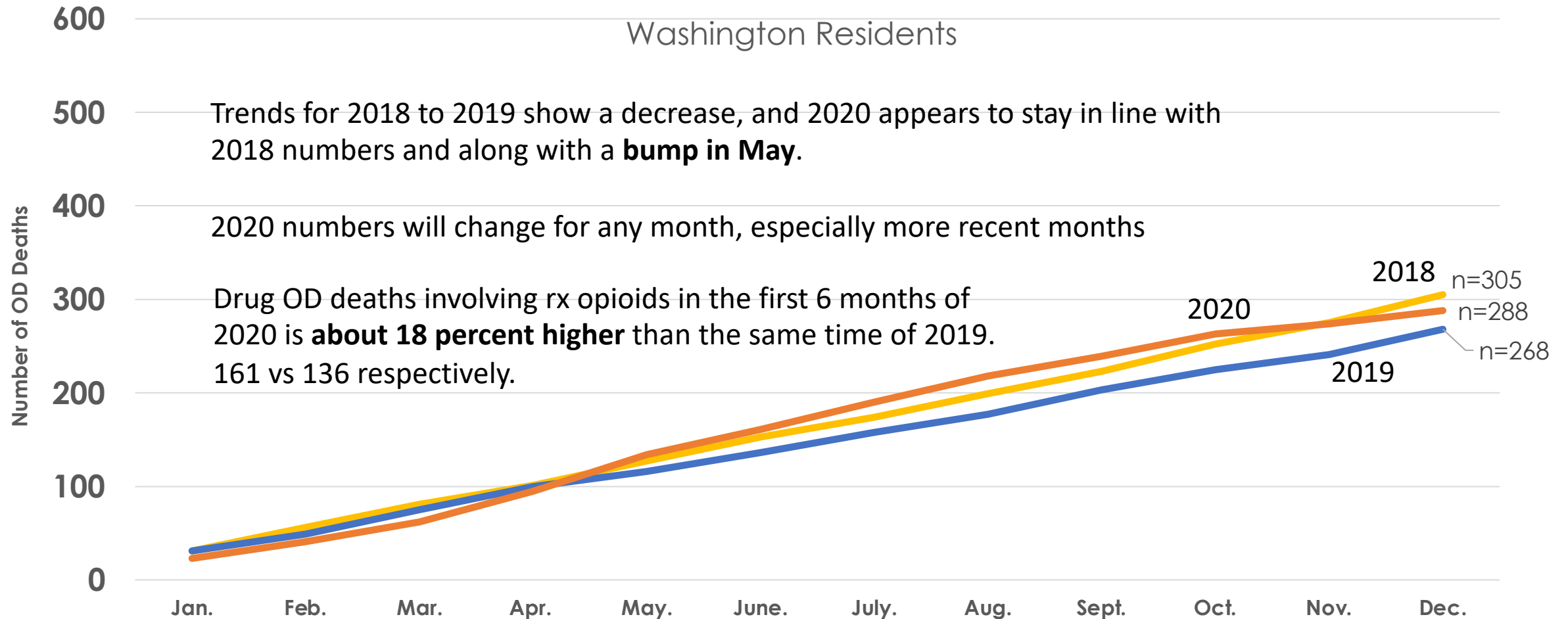
- 2020 data are preliminary and will change.
- Data run: 15Mar2021

Annual cumulative drug overdose deaths involving psychostimulants by month (2018-2020*)



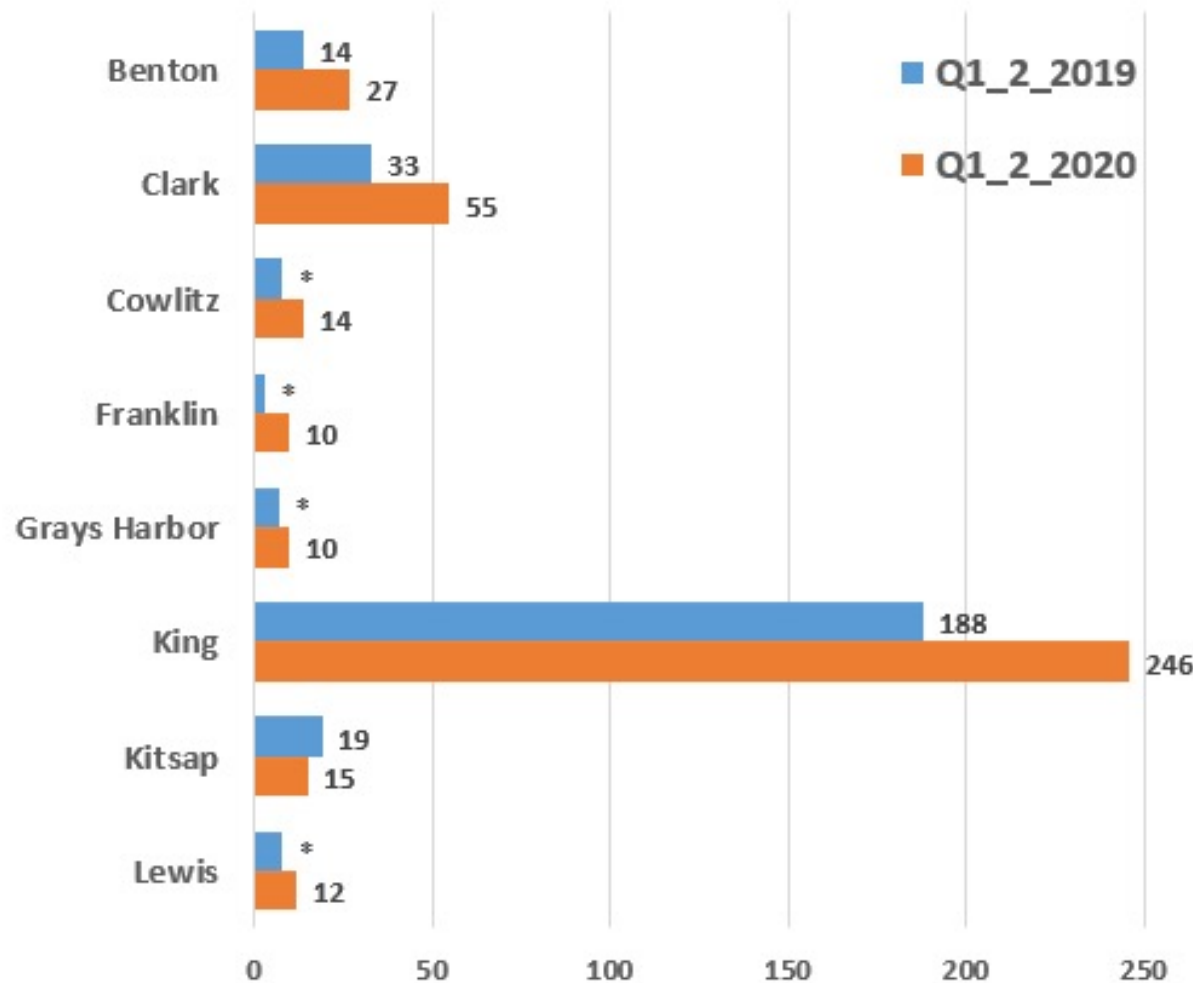
- 2020 data are preliminary and will change.
- Data run: 15Mar2021

Annual cumulative drug overdose deaths involving Rx opioids by month (2018-2020*)



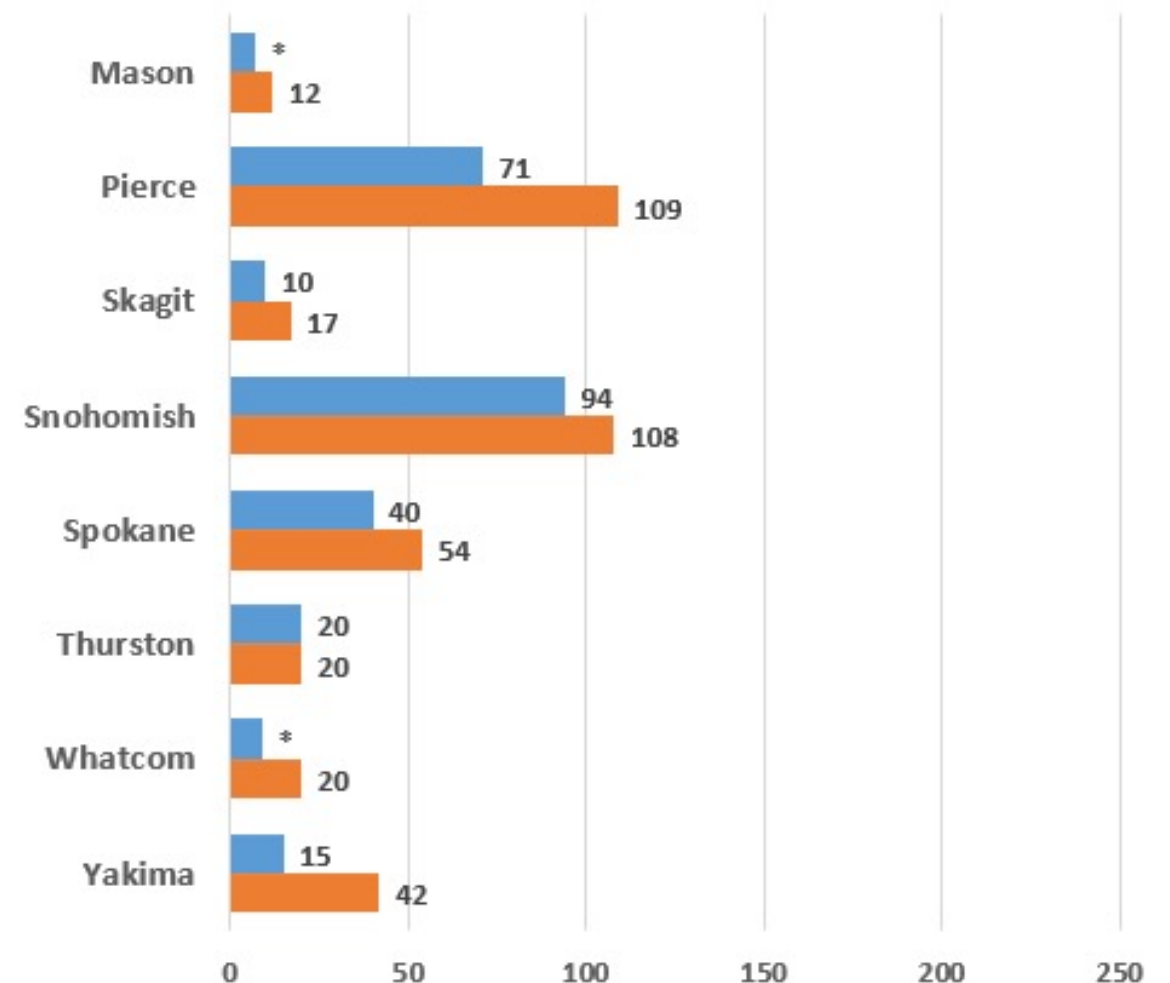
- 2020 data are preliminary and will change.
- Data run: 15Mar2021

Overall drug overdose death counts by county compare first 6 months of 2019 and 2020⁺



Counties with at least 10 OD deaths in 2019 or 2020

Data for first 6 months of 2019 and 2020.

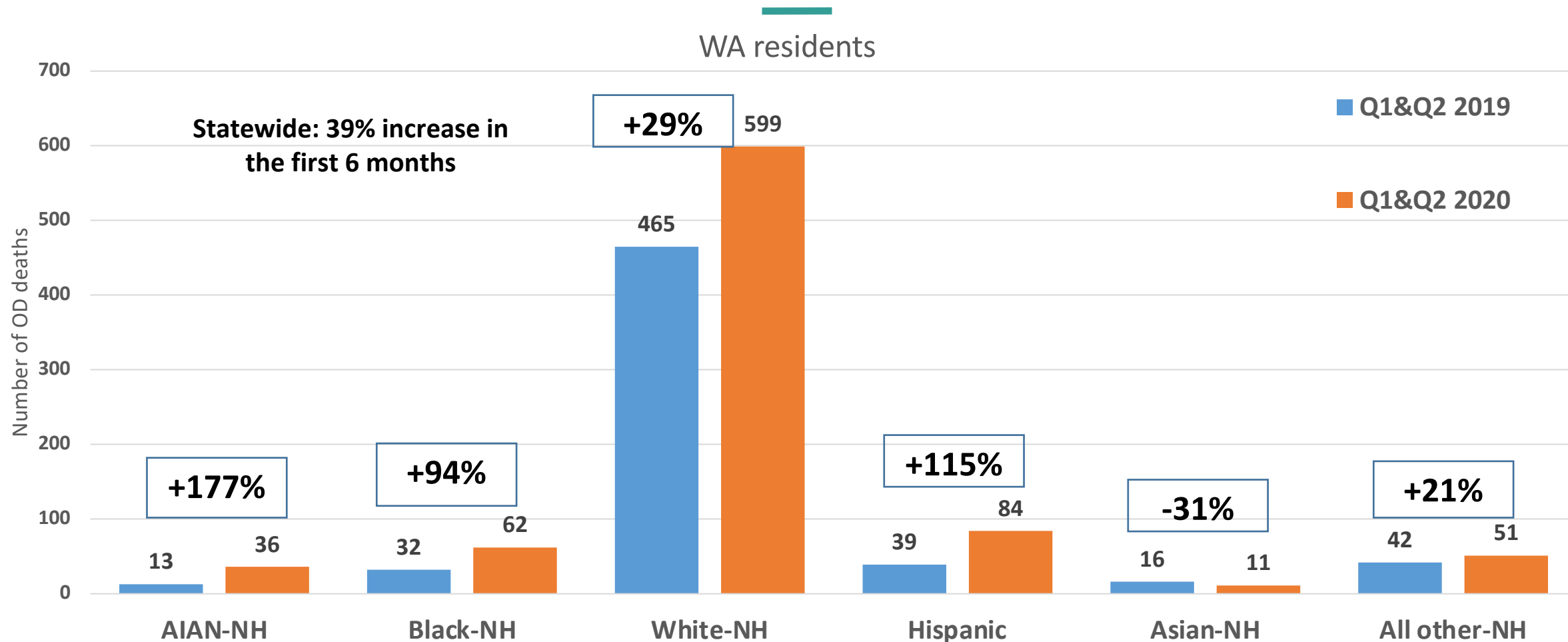


+ 2020 numbers will change. * Number suppressed (1-9)

Data as of 15March2021

Source: DOH death certificates

Overall drug overdose death counts by race compare first 6 months of 2019 and 2020



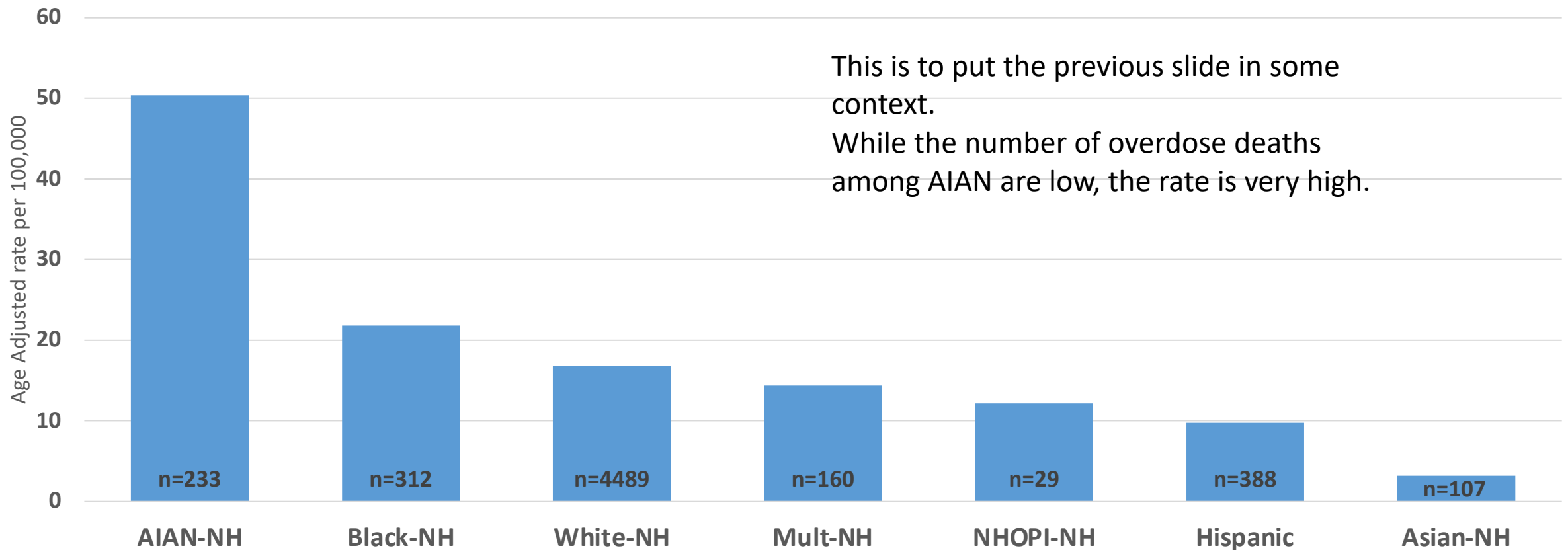
2020 data are preliminary and will change. NH: Non-Hispanic AIAN: American Indian/Alaskan Native
Data as of 15Mar2021

Washington State Department of Health

All other includes: Native Hawaiian and other
pacific islanders, multi-racial and other (NOS)

Drug overdose deaths disproportionately affect American Indian and Alaskan Native populations

WA residents (2015-2019)

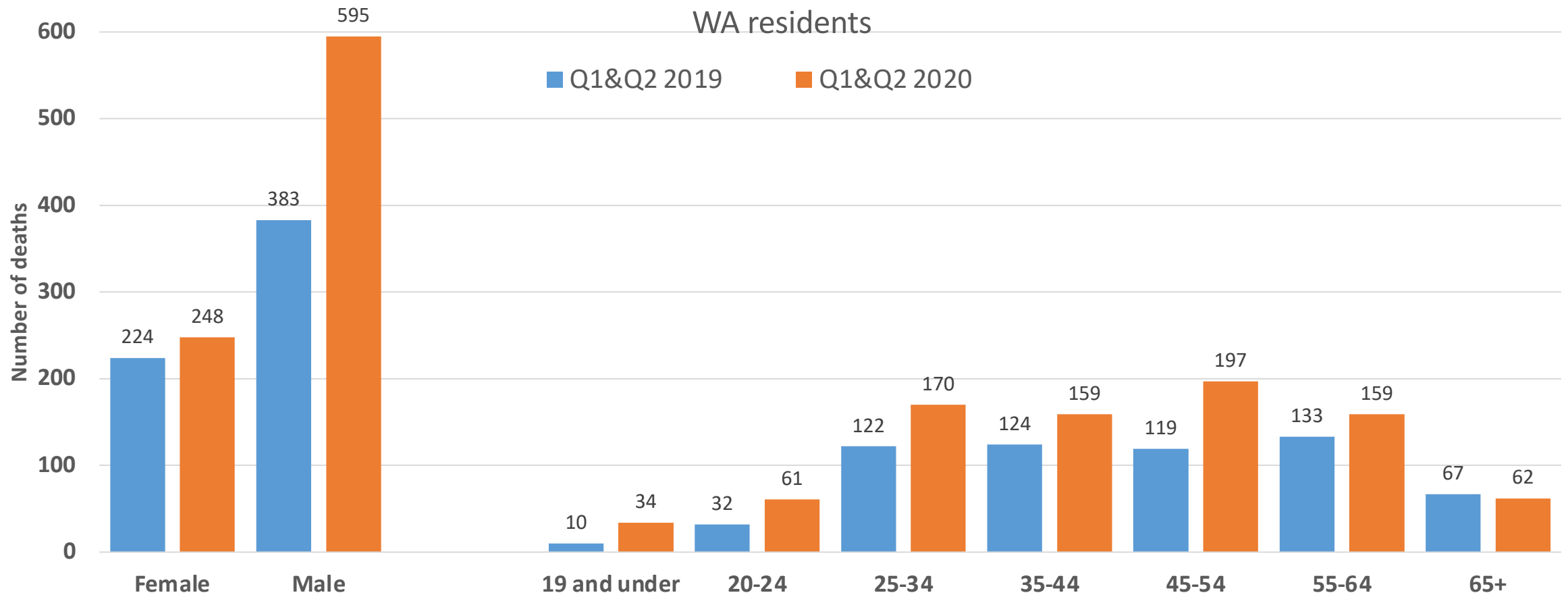


NH: Non-Hispanic
AIAN: American Indian/Alaskan Native

Washington State Department of Health

NHOPI: Native Hawaiian or Other Pacific Islander
Multi: Multi-racial

Overall drug overdose death counts by age and sex compare first 6 months of 2019 and 2020



2020 data are preliminary and will change.

Data as of 15Mar2021

Washington State Department of Health

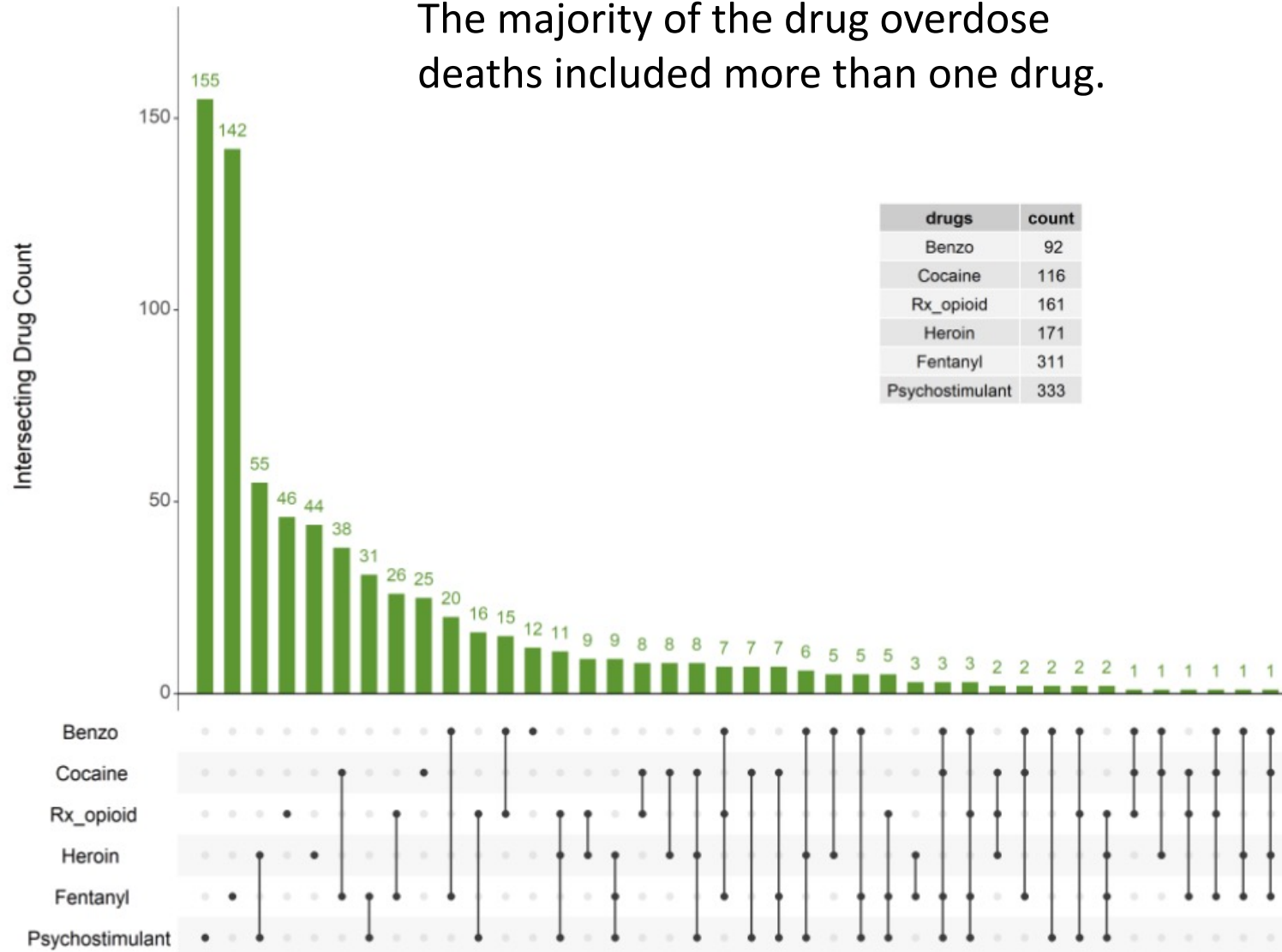
Source: DOH death certificates

Polysubstance use

Polysubstance combination for selected drugs

The majority of the drug overdose deaths included more than one drug.

This data reflects the 1st 6 months of 2020



GOAL 5

SUPPORT INDIVIDUALS IN RECOVERY

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery is real, and individuals can, and do, recover from substance use disorders. Recovery is a lifelong process that is different for each person. Just as relapse is a part of any chronic disease, it can be a part of recovery, and as such recovery does not always mean complete abstinence from substance use.

The Recovery Workgroup will work to enhance and improve recovery support services in Washington by developing strategies in the following areas:

- Community and social connectedness,
- Recovery coaching and peer supports,
- Recovery housing,
- Technology-based recovery supports,
- Education and employment,
- Family support and education,
- Transportation, and
- Measuring successful recovery services and environments.

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- Foundational Community Supports
- Relatively new...looking for new members
- Strategies recently developed
- Acceptance of Non abstinence based
- Recovery Asset Mapping
- Metrics – how do we measure recovery?



A STATEMENT ABOUT HEALTH EQUITY AND JUSTICE

The State Opioid and Overdose Response Plan's partners recognize that Black Lives Matter and that racism, discrimination, criminal legal system involvement, and the stigmatization of individuals who use drugs are systemic problems that disproportionately affect people of color. This impact has manifested in profoundly unequal outcomes during the course of the war on drugs and has resulted in over-representation of people of color in the criminal legal system, further amplifying stigma and racism. After involvement in these systems, key components of recovery-oriented lifestyle like housing, appropriate health care, post-secondary education, and employment, become exponentially more difficult, if not impossible, to access.

This plan's goals, workgroups, strategies, and associated activities will work to dismantle systemic racism and discrimination, specifically as it exists in the opioid prevention, treatment, and recovery structures. Further, we will work to hold ourselves accountable to these principles of health equity and justice for American Indian/Alaskan Native (AI/AN) communities, people of color, and LGBTQ+ communities.

Each workgroup will, in collaboration with AI/AN, black lives, people of color, and LGBTQ+ communities that have been oppressed by dominant culture, examine their strategies and activities to understand how current work can be used to address inequities in substance use disorder prevention, treatment, and recovery services; understand cultural barriers to prevention, treatment, and recovery; and examine what we can do in the future to provide meaningful, culturally appropriate services.

We recognize that input from tribes and tribal organizations (AI/AN), black lives, people of color, and LGBTQ+ communities is essential to help guide our response to the opioid and overdose epidemic in a way that respects the culture and tradition of individual communities and impacts of systemic racism. This will be a long process and those involved in the State Opioid and Overdose Response Plan are committed, in both word and deed, to equity and justice in the provision of substance use disorder prevention, treatment, and recovery.

- Health Equity and Justice
- What's next?
 - Workforce investments in Health Equity
 - Development of an action plan

Population Focused Workgroups

- Criminal Justice Opioid Workgroup
- Pregnant and Parenting Women Workgroup
- American Indian/Alaskan Native Workgroup

Other quick tidbits

- Future opioid settlement dollars and how might they be used
- Use of harm reduction dollars
- Recent legislation and what it portends ESSB 5476, SB 5095, HB 1477